

**UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)**

**ATTORNEY DOCKET 83489DMW
Customer No. 01333**

To: Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

Express Mail Label No.

EL809161523US

Date: 11/26/01

**METHOD AND COMPUTER PROGRAM
PRODUCT FOR LOCATING FACIAL
FEATURES**

First Named Inventor (or Application Identifier):

Shoupu Chen, et al

Enclosed are:

1. ☒ Specification
2. ☐ 15 Sheet(s) of drawing(s)
3. ☐ Information Disclosure Statement Under 37 CFR 1.97.
4. ☒ Assignment of the invention to **Eastman Kodak Company**
5. ☐ Certified copy of a priority document
6. ☐ Associate Power of Attorney

Combined Declaration for Patent Application and Power of Attorney:

- 4a. ☒ New
- 4b. ☐ Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 11 completed)
5. ☐ Incorporation by Reference (useable if Box 4b is checked)
6. ☐ Deletion of Inventor(s).

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

7. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:
--CROSS REFERENCE TO RELATED APPLICATION
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

8. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: ,
9. ☒ Please address all written communications to Thomas H. Close, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.
Please Direct all telephone calls to David M. Woods at (585) 477-5256.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 740
TOTAL CLAIMS	53 - 20 =	33	x 18 =	\$ 594
INDEPENDENT CLAIMS	2 - 3 =	0	x 84 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 280	\$0
			TOTAL	\$ 1334

10. ☒ Please charge my Eastman Kodak Company Deposit Account No. **05-0225** in the amount of \$ 1334.

A duplicate copy of this sheet is enclosed

11. ☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. **05-0225**.

A duplicate copy of this sheet is enclosed.

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